



Barrington Enrichment Summer Theatre 2015

Barrington Community Theatre, in conjunction with the Barrington Recreation Department, invites you to join them for their 2015 Summer Program.

B.E.S.T. is a day camp for students grades 3-12. The campers learn and play by participating in theatre games and skills workshops (on everything from improv, to movement, to stage combat and character development, and more!), as well as rehearsing plays to perform the Friday and Saturday nights at the end of the session in a festival format!

B.E.S.T. is a supportive and accepting environment suitable to any experience level; whether it be trying theatre for the first time or honing skills that are already there.

The summer is broken down into two 3-week sessions, which are divided into morning and afternoon sessions. Campers may sign up for as many of these as they (and their parents) wish. Camp is held in the Barrington High School Auditorium, with tech and performances in the Public Library Auditorium.



Morning Session runs 8am-11am

Afternoon Session runs 12pm-3pm

There is a lunch/free recreation hour from 11am-12pm.

First Session runs June 29 – July 18

Second Session runs July 20 – August 8

No camp on July 3rd.

Participation fees: **\$300** for each session - three weeks ½ day (Morning or Afternoon)

\$575 for each session - three weeks **full** day

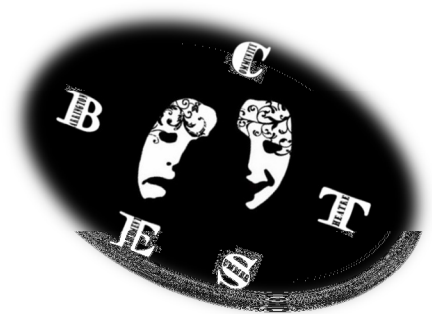
There is a 1-week option for those unable to do the full program. 1-week campers participate in games and workshops and perform a short scene or monologue at the end of their week, but are not in the plays that perform at the end of the session. Campers may sign up for more than 1 of the weeks. *1-week campers are full day.*

1-week program is \$150 for each week.

For more information, or if you have questions please check out our website:

BarringtonCommunityT.wix.com/BarringtonTheatre

or contact Kelly McCabe at *Kelly.CommunityTheatre@yahoo.com*



TOWN OF BARRINGTON
Barrington Enrichment Summer Theatre

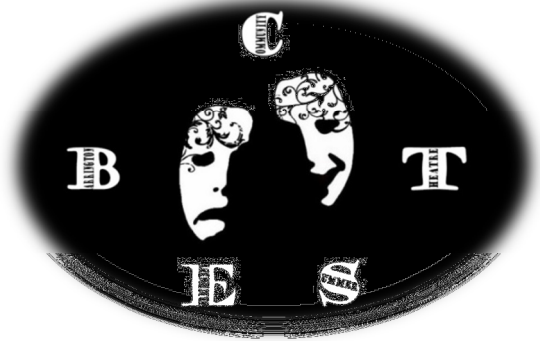
Session I: June 29 – July 18 Morning and/or Afternoon

Session II: July 20 – Aug 8 Morning and/or Afternoon

Morning 8-11am **Afternoon** 12-3pm (Lunch 11am-12pm)

MONDAY – FRIDAY & ONE SATURDAY AT END OF SESSION

FOR PERFORMANCES (Saturday July 18 and Saturday August 8)



CLOSED JULY 3rd

CHILD'S NAME _____ AGE _____ DOB _____ M _____ F _____ O _____

ADDRESS _____ HOME PHONE _____

PARENT'S NAME(S) _____ CELL PHONE(S) _____

EMERGENCY CONTACT PERSON _____ PHONE _____

PARENT'S EMAIL: _____ ACTOR'S EMAIL: _____

KNOWN ALLERGIES FOR YOUR CHILD _____

ANY SPECIAL MEDICATION REQUIRED _____

PLEASE TELL US ABOUT YOUR CHILD _____

I, THE PARENT/GUARDIAN OF THE ABOVE CHILD, HEREBY GIVE MY APPROVAL FOR HIS/HER PARTICIPATION IN ANY/ALL ACTIVITIES DURING THE CURRENT BARRINGTON ENRICHMENT SUMMER THEATRE

I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS ALL INDIVIDUALS RESPONSIBLE FOR THE CONDUCT OR ACTIVITY INVOLVING MY CHILD.

SIGNATURE _____

PARENT/GUARDIAN

½ DAY - \$300 FULL DAY- \$575 PER SESSION * 1 WEEK PROGRAM (FULL DAY ONLY): \$150

CHECK ALL THAT APPLY:

SESSION 1: JUNE 29 to July 18 MORNING _____ AFTERNOON _____

SESSION 2: JULY 20 to August 8 MORNING _____ AFTERNOON _____

1 WEEK OPTION (FULL DAY ONLY) WK1 _____ WK2 _____ WK3 _____ WK4 _____ (session 2 week 1) WK5 _____ (S2W2) WK 6 _____ (S2W3)

AMOUNT PAID \$ _____ CHECK # _____ CASH \$ _____

Mail completed form and waiver with your payment (check payable to Town of Barrington) to

Town of Barrington Attn: Recreation Department 283 County Road Barrington, RI 02806

Or bring to the Recreation Department (lower level of Town Hall / cemetery side) two weeks prior to the session.

For more information please call 401-247-1900 x 381 or email recreation@barrington.ri.gov

Camp Waiver Form

1. I, the parents/guardian of the name child(ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2015 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child(ren).

2. **MEDICAL CONDITIONS:** Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Medical Conditions and/or Food Allergies: _____

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Barrington Recreation Department involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the Barrington Recreation Department and the Town of Barrington, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** An email or mailed written withdrawal request before the program begins will receive the full program fee, minus a \$30 processing fee. An email or mailed written withdrawal request between the first (1st) and fifth (5th) day of the program will receive half the program fee, minus a \$30 processing fee. An email or mailed written withdrawal after five (5) days of the program will receive no refund.

Parent/Guardian _____
Signature

Parent/Guardian _____ Date: _____
Please Print

Child(ren) Name(s) _____

EMERGENCY CONTACT INFORMATION:

Name of Contact: _____

Telephone: _____